

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | SW | 32 | 11/30 |
| FORMALITY REVIEW | CH | 71632 | 1/27/01 |
| RESPONSE FORMALITY REVIEW | | 71632 | 3/26/01 |

Best Available Copy

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

09/707,320

| Claim | Date |
|----------|----------|
| Final | |
| Original | |
| 1 | 10/18/00 |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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